



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS
SUBSTANCE ABUSE ADMISSION FORM**

I, _____ Youth ID: _____,
currently on juvenile parole supervision, have admitted to and/or been tested for the use
of an illegal substance on _____ by _____.
Date Juvenile Parole Officer or designee

I admit to using _____
on the following dates _____

I agree to inform my parent(s), guardian(s), custodian(s), or their representative(s) of this violation and will request my parent(s), guardian(s), custodian(s), or their representative(s) confirm this admittance with my supervising parole officer within 24 hours. I understand that an intervention or on-site hearing will occur as a result of this violation. I agree to participate in this process.

Youth's Signature

Date

Juvenile Parole Officer

Date